

ADDITIONAL INFORMATION

We collect and store information provided on this form so we can carry out our functions as a tertiary provider. As part of your application we ask you to provide information about yourself.

If you have any questions about completing this form please contact the Student Enrolment and Information Centre on 0800 2 Wintec (0800 2 946 832) from within New Zealand.

PERSONAL DETAILS

1 When were you born?

d	d	m	m	y	y
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Wintec Student ID Number

2 What is your full legal name?

First Name(s) *Ingoa tuatahi*

Family Name *Ingoa Whānau*

EMPLOYMENT AND OTHER RELEVANT EXPERIENCE: E.G. VOLUNTARY WORK

3 List your employment history (if any) since leaving school, or for the last three years (including your current employment details).

EMPLOYER	DATES	POSITION	NATURE OF WORK	P/TIME	F/TIME

OTHER QUALIFICATIONS

4 Complete this section if you have other qualifications or training relevant to the programme you are applying for.

YEAR	QUALIFICATION/TRAINING	PROVIDER

RELEVANT INDUSTRY EXPERIENCE (IF REQUIRED)

5 Please record your industry experience/qualifications directly relevant to the requirements of your chosen programme of study: i.e. nursing registration, annual practising certificate number (APC), year first registered etc.

	ORGANISATION	FORMAL TRAINING/EXPERIENCE	DATES		QUALIFICATION (FORMAL OR INFORMAL)	DETAILS
			TO	FROM		
1						
2						
3						
4						
5						

Additional comment(s), clarification, experiences, additional skills, values, qualities etc.

